Barchester Healthcare Homes Limited

Denmead Grange Care Home

Inspection report

Parklands Business Park
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Waterlooville
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Website: www.barchester.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Denmead Grange is a residential care home providing accommodation and personal care to up to 60 people. The service provides support to adults some of whom are living with dementia. At the time of our inspection there were 51 people using the service. People are accommodated in one adapted building across two floors. One floor, memory lane, specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People and their relatives told us the staff provided safe care. Safeguarding concerns were recognised and reported and staff understood their responsibility to protect people from abuse. Risks to people were assessed and plans were in place to minimise the harm to people from risks such as falls, skin injuries, poor nutrition, and behaviours of concern. The registered manager acted promptly to address some incomplete guidance and monitoring records. Environmental risks were well managed.

Staffing levels were based on people's assessed needs. We received some feedback from people and relatives about not enough staff being always available. No one told us their needs were not met. We discussed this with the registered manager who will investigate this further. Staff were safely recruited. The registered manager acted to address some concerns we found with the management of people's medicines. People received their medicines safely. People were protected to minimise the spread of infection. Incidents and accidents were investigated and analysed to help prevent a re-occurrence. Improvements had been made in the number of accidents from falls because actions from this analysis had been carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed, and staff completed an induction and ongoing training to support them to meet people's needs. People spoke positively about the food provided and we saw this looked appetising and nutritious. People's dietary needs and preferences were met. People were supported to meet their healthcare needs and a healthcare professional confirmed staff followed guidance to support people's health outcomes. The environment was of a high standard and laid out in such a way as to promote people's independence. People's accommodation was personalised, and the environment had been adapted to support the needs of people living with dementia.

We received some positive feedback about the care and kindness of staff along with other feedback that staff did not have enough time to spend with people leaving them feeling staff didn't care as much. We observed kind and caring interactions between staff and people and staff spoke knowledgeably about the people they supported. The registered manager has increased staff available for 1-to-1 time with people. People's diverse needs and interests were supported by the service.

People were supported to make decisions about their care and care was planned in a person-centred way. The service was in the process of updating and reviewing people's care plans, but people's current needs

were known by staff. There was a varied, stimulating, and meaningful programme of activities. These were based on people's interests and wishes delivered by an internal activities team and external entertainers. Positive feedback had been received about the care and compassion shown to people and relatives by staff caring for people at the end of their life. Care plans were being further developed to support this approach.

The registered manager promoted a positive culture which was confirmed by staff, people, and relatives. There was a leadership team in place with clearly defined roles and responsibilities. Regulatory responsibilities were met, and the provider had a quality assurance system in place to monitor the quality and safety of the service people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 13 March 2020, and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led findings below.

Denmead Grange Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 2 inspectors, a member of the commission's medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Denmead Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Denmead Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed lunchtimes across the home and activities in communal areas. We spoke with 10 people and 4 relatives about their experience of the care provided. We spoke with 17 staff including 7 care staff, 2 housekeeping staff, the chef, the provider's clinical development nurse, head of maintenance, a regional director, senior general manager, registered manager and deputy manager and the lead activity coordinator.

We looked at the care records of 10 people and multiple medication records. A variety of records relating to the management of the service were reviewed. These included policies and procedures, records of accidents or incidents, staff training and quality assurance records. Following the inspection, the registered manager provided us with information and other documents to support our inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Denmead Grange, relatives agreed and a relative said "I feel that [person] is safe and looked after here."
- Safeguarding concerns were reported to the local authority safeguarding team and notified to CQC. This helps to ensure people are protected from abuse.
- Staff we spoke with knew the signs of abuse and how to act on these. Records confirmed staff had completed training in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- Staff we spoke with had a good understanding of people's risks. However, care records to ensure guidance was available for staff and monitoring records were not always fully completed. Where we identified this the deputy and registered managers took immediate action to address this.
- Otherwise risks to people's safety and well-being had been assessed and plans were in place to minimise them. A person said "I have been here 2 years as I had a fall at home, I feel that I am safe here although I do get wobbly and can fall. I now have a walker and I don't go anywhere without it."
- Risks to people from the environment were assessed and mitigated. This included fire safety risks, and risks from Legionella. Equipment was serviced and maintained, and health and safety checks were completed. People had a personal emergency evacuation plan (PEEP). These were accessible should they be required to identify what assistance each person would need to safely leave the building, in the event of an emergency.

Staffing and recruitment

- The provider used a tool to calculate the number of staff required to support people based on their needs. Staffing rotas showed the calculated staffing levels were met. However, people and relatives, we spoke to did not think there were always enough staff available.
- Whilst we did not receive feedback that people's needs weren't met, people's comments included "I don't think there are enough staff here as they are not always able to come when you want them to." "The staff don't always come when I press the buzzer, I seem to be waiting from some time especially in the morning." A relative said "There does seem to be a rotation of staff here, and I am not sure if they have enough."
- During our inspection we observed call bells were answered in a reasonable time. The registered manager told us they carried out weekly checks on random call bell response times and wait times had not been a concern. We discussed this feedback with the registered manager who told us dissatisfaction with staffing levels had not been raised with them and they would investigate this further.
- Staff recruitment was carried out safely. The required checks were completed to help protect people from

the employment of unsuitable staff.

Using medicines safely
● The registered manager acted promptly when we noted some improvements were needed in relation to staff guidance to support the person-centred administration of people's medicines, medicines storage, and audit documentation.
● Records showed that people had their medicines as prescribed. Staff demonstrated a good understanding of medicines and the individual needs of people.
● Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and community pharmacy. There was no evidence of medicines not being available when needed.
● Staff felt supported by the management and felt confident to request additional medicines training from the provider if they felt there were areas where they needed additional support.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions on visitors. We observed visitors meeting with relatives in their rooms and in public areas such as the Bistro. The Bistro had a robust cleaning schedule to support the safety of people and their visitors. Visitors wore protective face masks if they chose to do so.

Learning lessons when things go wrong
● Incidents and accidents were investigated and reviewed by the registered manager to identify the cause and check appropriate action had been taken. Actions to prevent a re-occurrence were also identified. Learning from incidents, complaints and safeguarding concerns had been shared with staff.
● There had been a relatively high number of incidents related to falls over the past 12 months, in comparison to services of the same type and size, from CQC data. The registered manager and team had analysed information from incidents and introduced other interventions such as an allocation sheet for deployment of staff, a root cause clinical analysis of falls for people who fell more frequently, were injured or had other clinical concerns. A falls reflective practice and awareness raising quiz for staff and medication reviews had been implemented for all people. This had resulted in a significant reduction in people falling.
● For example, a root cause analysis (RCA) had been carried out for a person who had experienced multiple falls. This person was falling frequently at 8 am, this is when staff are in handover. Now a staff member comes to the person at 8 am. The deputy manager said, "They haven't fallen since."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service. Reviews of people's needs were carried out monthly. Reviews held at 6 months included inviting the person's family or representative. These had not always been carried out regularly but were being planned at the time of our inspection.
- Care planning was supported by a range of nationally recognised assessment tools such as those used to identify risks from pressure sores and malnutrition.

Staff support: induction, training, skills and experience

- Staff new to care completed an induction into their role aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- In addition, new staff worked alongside other more experienced staff until they were competent and confident to work alone.
- Training records showed staff completed a range of training and refresher training considered mandatory by the provider. This included topics such as safeguarding, dementia awareness and support, tissue viability and falls prevention. In addition, training to meet people's specific needs, such as supporting people with Parkinson's, was planned to enable staff to develop the skills and knowledge to meet the needs of people they supported.
- Staff told us they received the training they needed to carry out their role.

Supporting people to eat and drink enough to maintain a balanced diet

- When people were identified as at risk of poor nutrition their weight along with their food and fluid intake was monitored. We noted the food and fluid monitoring records were not always totalled or signed as reviewed which meant they were ineffective. Following our inspection, a 2pm meeting has been introduced for care seniors to ensure monitoring records were completed and reviewed.
- People who had been identified at risk of malnutrition were given a fortified diet to increase their calorie intake. The chef was aware of each person's individual needs including any modified food or fluids such as thickened drinks and soft food diet. People had access to drinks and snacks throughout the day such as fresh fruit and homemade cakes.
- We saw examples of how people had been supported to gain weight where needed. Risks associated with swallowing problems and choking were assessed and where people had been assessed by Speech and Language Therapists (SaLT), their guidance had been followed.
- People and relatives told us they were satisfied with the food. People's comments included, "I would give

the food a thumbs up" and "The food is good here and we have a choice."
● We observed lunch time in dining rooms across the service and saw there was a choice of food which was served hot and looked appetising. When a person requested an alternative to the menu this was catered for.
● From our observations on day 1 of the inspection we found the dining experience varied across the service. One dining room was very crowded whilst others were calmer and more spacious. Some staff were attentive and engaged with people whilst others were less responsive. We spoke to the registered manager about this. On day 2 there were 2 dining rooms in use on memory lane which meant people were less crowded and the registered manager has confirmed refresher training for staff on the dining experience is booked.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We spoke with a visiting healthcare professional. They told us staff followed any guidance or instruction given by their team to support people's health outcomes. They said, "Staff are good at identifying issues to flag to us and they always tell us everything we need to know."
● People's records confirmed referrals were made to other health and social care professionals when required. For example, the older people's mental health team, SaLT, GP, community nursing and falls clinics.

Adapting service, design, decoration to meet people's needs
● The service was purpose built and provided an accessible environment with access to outside space, private and communal areas. People also benefited from social areas such as a bistro and cinema.
● The premises were laid out in a way to help promote independence. Corridors were suitable for wheelchairs and walking frames. Handrails with contrasting colours supported people who walked without aids. People could move freely between the corridors and facilities on each floor.
● The service accommodated people over 2 floors with the top floor 'memory lane' for people living with dementia. Some aspects of the memory lane floor were dementia friendly such as analogue clocks, matt flooring, good lighting and not too much noise. There were some reminiscence pictures, including of the local area. Areas of interest such as a dressing room and office and objects of interest such as sensory (soft) toys and a 'baby' doll were available to people. A person on memory lane said, "I'm very comfortable and in a very happy place."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● There were no authorised DoLS in place at the time of our inspection. Applications for people who were deprived of their liberty had been made to the local authority. These applications had not yet been assessed

and the registered manager was following these up.

● Assessments had been completed to determine if people had the mental capacity to make specific decisions about their care. When necessary, decisions were made in people's best interests. This included decisions taken for people's safety which could restrict their freedom of movement such as sensor equipment.

● Staff completed training in the MCA and DoLS as part of their safeguarding training. Staff we spoke with told us how they supported people to make their own decisions as far as they were able. For example, a staff member said, "I make sure I have given [people] all the information I can to make an informed decision, I show them things such as different outfits, plate the dinners up to show so they can choose."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our visit we observed some kind and caring interactions between staff and people. Staff assisted people calmly and with patience and spoke knowledgeably about the people they supported. We observed staff chatting with people and staff attended immediately to a person who was upset. We also noted, at times staff appeared to be waiting rather than interacting with people and their approach was more task focused.
- Feedback from people on staff approach was mixed. Some people told us staff didn't always have enough time to spend with them which left them feeling staff didn't always care about them. People's comments included, "Caring is being interested in us, which it does not always seem like that," and "Staff don't chat, they have not got time." Other comments were wholly positive such as, "The staff do treat me with respect. There is nowhere else in the area I would like to live." "The carers are wonderful they really look after me and check on me."
- We spoke to the registered manager about this. They had received a lot of positive feedback about the kindness of staff which they shared with us. They assured us they would investigate this further and have introduced an allocated carer to spend 1-to-1 time with people.
- People were asked about their diverse needs and experiences. This included their protected characteristics under the Equalities Act. Diversity was celebrated with events which considered people's interests and links with different communities. such as 'Pride' (celebrating LGBTQ+ communities) and a Caribbean event for a person who spent their childhood there. People had access to faith services.
- We noted people were not always asked about their sexual orientation which helps providers to monitor and plan services to meet people's needs. A regional director told us they would discuss this at provider level.
- Staff we spoke with demonstrated a caring approach in their work and a staff member said, "First it is from the heart. I don't believe you can do care if you are not passionate about it. If you are going to help someone in a person-centred way, we need to understand that everything is person centred for the resident they are all here, but they don't all have the same needs."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity, and independence

- People's care records showed they had been supported to make decisions about their care and treatment. We discussed examples of when people had made decisions which were contrary to advice, such as choosing not to follow dietary recommendations or preferring to be cared for in bed. Whilst staff encouraged healthier choices, people's decisions were respected.
- People told us their independence was supported. Staff recognised the importance of independence to

people even when this presented risks, such as an increased risk of falls.
A person said, "I do like to be independent." A staff member told us the policy was to allow people as much independence as they safely could, and where people had capacity, which most people living downstairs had, they had to respect occasional 'unwise' decisions.

● Staff understood how to respect people's privacy. We saw doors were closed when staff were supporting people and at their request. People could receive their visitors in their room and in other private areas of the service.

● Staff were seen knocking on bedroom doors before entering and could describe how they preserved people's dignity and privacy when providing personal care.

● Confidential information was respected. Care records were held securely so that only staff could access them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans included information to enable staff to deliver person centred care. This included their preferences such as when to get up and when to have breakfast and their personal care such as applying make-up. A person said, "The best thing about living here is that it is a community where our needs are understood." A relative said "You can't fault the care here. My [relative] is well looked after".

● People's decisions were recorded and when these involved a risk to the person this had been discussed so the person could make an informed decision. A staff member said, "I make sure I have given [people] all the information I can to make an informed decision."

● Care plans described how people should be supported when they were living with a health condition such as diabetes and Parkinson's.

● We noted some information in people's care plans required updating and the registered manager was aware and acting on this. Staff attended a handover to receive current information about people. A staff member said, "I do read the care plans and we have the meeting in the morning before any shifts and at review [the care plan] is updated."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

●People's communication needs were assessed and recorded in their care plan, this included any sensory loss and whether the person used glasses and hearing aids.

● People's communication needs were met by using a variety of resources such as audio books, larger print, and picture cards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. A person said "There are lots of things available if you want them. The activities are very good, and the music evening is excellent." A relative said "There is always plenty of entertainment and [person] is always offered a choice of whether they wish to join in or not."

● Information was collected about people's life histories, hobbies, and interests and this was used to design

activities and shared with staff to get to know people. People living with dementia had posters in their rooms with their picture and brief facts about their hobbies, favourite foods, occupation, pets, and family. The lead activity coordinator told us activities were designed to "enrich the mind, body and soul." There were a wide variety of activities available including physical exercise, musical events, word games and reminiscence sessions, pet therapy, cheese and wine, arts and crafts and book club.

● The activity team supported people to achieve their 'wishes' for example a person had expressed the wish to attend the opera. They had previously enjoyed going to the opera with their partner. The team organised an opera evening with a singer which enabled the person to relive some of their happy memories and enjoy the music they loved.

● People who stayed in their room or were cared for in bed had individual support with interests or activities, such as hand massage, manicures, sing along or smoothie making.

● A member of the activities team was on site 7 days a week with evening activities also provided.

Improving care quality in response to complaints or concerns

● People, their representatives and others were made aware of the complaint's procedure. The provider supported any accessibility needs to enable people to raise their concerns.

Relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One relative told us, "The staff are very helpful, and I would be happy to feedback any issues if we had any, but we don't."

● We saw complaints had been adequately investigated and appropriate action had been taken in response to these.

End of life care and support

●The service had received positive feedback from relatives about how they provided compassionate and sensitive care for people at the end of their lives.

●The registered manager engaged with external healthcare professionals effectively to ensure people's end of life care needs were met. Professionals were positive about the skills the staff displayed when supporting people at the end of their life. One had provided feedback to say "[carer] care and compassion was outstanding and the way [carer] supported the family was so knowledgeable and the patient [care] was breath taking."

● The registered manager was aware that care plans could be further developed to ensure people's preferences for end-of-life care were reflected. They were planning to work with a local hospice to provide more in-depth training for staff.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People we spoke with told us about what could improve for them, and most people said they were 'happy' overall living at Denmead Grange. A person said, "I am very happy here and have lots of friends which is lovely." A relative said "I selected the home for [person] and I am always consulted about anything that is going on…I have a comparison as another relative was in a care home and this is strides ahead."
- The registered manager told us they promoted an "open and transparent" culture. Staff we spoke with confirmed managers were open, approachable, and responsive and spoke positively about the support they received.
- The registered manager and deputy manager spent time working alongside staff. The registered manager told us they had protected time to be available for staff to talk to them when needed. An employee of the month scheme recognised the contribution of staff voted for by other staff and relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They described this as "Being open and transparent when something happens and acknowledging when something goes wrong, apologising it happened and what we will do to prevent it happening again." We saw examples of how this had been followed when incidents had occurred.
- Notifications were submitted to CQC as required following incidents at the service. This enables CQC to monitor the quality and safety of the service people receive.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Leadership roles were clearly defined. The registered manager led a team of heads of department and a deputy manager. Daily meetings were held for heads of department to share information and plan work.
- Clinical governance meetings were held monthly to monitor people's needs, risks, and progress. This included nutrition, tissue viability, falls, infections and choking risks. Information about safeguarding and staff training was also reviewed to identify any actions required.
- Audits were undertaken to assess and monitor quality and safety. We noted not all action plans resulting from audits were signed when completed and some actions had not been added to the overall improvement plan. However, the registered manager and deputy manager had acted to make improvements and shared a good understanding of the improvements required. This included the findings

from our inspection.
● Staff received supervision and appraisal and a performance management process was in place to address any support and development needs required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We discussed examples of how staff were supported to meet their diverse needs in respect of the protected characteristics of the Equality Act 2010. The registered manager demonstrated staff equality characteristics were considered to help prevent discriminatory practice.
● The service engaged with people, relatives, visitors, and other professionals in several ways including surveys and meetings. Information from feedback was analysed and used to make improvements. For example, communication with the GP had been improved following some feedback about this.
● A Resident ambassador told us "I get comments from other residents, and I take them to [registered manager] or [deputy manager]." They told us actions were not always taken promptly enough. We checked their feedback had been acted on following the inspection and it had.

Continuous learning and improving care
● Denmead Grange opened in 2020 and the registered manager said "With a new home you're always learning and growing, we are constantly trying to learn to benefit the residents. Opening areas of the home as we get more residents and making adjustments for everyone, we are learning and changing together."
● The registered manager told us they were well supported by the provider. For example, a clinical development nurse visited the service to support and develop clinical practice and a hospitality team supported the development of the catering team, governance oversight was provided by a regional director.
● An action plan was in place which was used to monitor planned improvements through to completion.
● The provider had several services in the region and regular meetings were held between services to support development. For example, a falls forum to explore ways of reducing falls which had helped the service to achieve improvements in this area.

Working in partnership with others
● The service worked with other health and social care professional to promote good outcomes for people. This included, community nurses, GP practice, older people's mental health team, Speech and Language therapist and the local hospice.